STATE OF SOUTH DAKOTA

S.D. SEC. OF STATE

State

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077 2. DATE 1. TITLE OF NEWSPAPER 9/26/08 HIGHMORE HERALD **3B. ANNUAL SUBSCRIPTION** 3A. NO. OF ISSUES PUBLISHED ANNUALLY 3. FREQUENCY OF ISSUE \$25 Out-of-PRICE \$ 22 In-state WEEKLY 52 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) P.O. BOX 435, HIGHMORE, HYDE, SOUTH DAKOTA 57345-0435 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) P.O. BOX 435, HIGHMORE, SD 57345-0435 6. FULL NAME OF PUBLISHER: MARY ANN MORFORD 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. COMPLETE MAILING ADDRESS **FULL NAME** MARY ANN MORFORD P.O. BOX 435, HIGHMORE, SD 57345-0435 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. **AVERAGE NO. COPIES ACTUAL NO. COPIES EACH** 9. EXTENT AND NATURE OF CIRCULATION **ISSUED ISSUED PRECEDING 12 NEAREST TO FILING DATE MONTHS** A. TOTAL NO. COPIES (Net Press Run) 1400 1400 **B.PAID AND/OR REQUESTED CIRCULATION** 1. Sales through dealers and carriers, street vendors and 210 194 counter sales. 2. Mail Subscription 936 929 (Paid and or requested) C. TOTAL PAID AND/OR REQUESTED CIRCULATION 1146 1123 (Sum of 9B1 and 9B2) D.FREE DISTRIBUTION 44 44 1. BY MAIL, CARRIER OR OTHER MEANS 2. SAMPLES, COMPLIMENTARY AND OTHER FREE 0 0 COPIES E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) 1190 1167 F. COPIES NOT DISTRIBUTED 217 210 1. Office use, left over, unaccounted, spoiled after printing 0 16 2. Return from News Agents G.TOTAL (Sum of E, F1 and F2 - Should equal net press run 1400 1400 shown in A) Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete: Owner/Publisher (Title) Sworn to before me this 26 day of Sept., 20 08 State of South Dakota County of Hyde July 8, 2010

My commission expires: ___

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(Seal)